

DEPARTMENT OF TRANSPORTATION <b>ITEMIZATION OF ACTUAL SUBSISTENCE EXPENSES</b> (While Occupying Temporary Quarters)									EMPLOYEE'S NAME	TRAVEL ORDER NO.	DATE OF T.O.
ACTUAL SUBSISTENCE EXPENSE									ALLOWABLE AMOUNT		AMOUNT CLAIMED
1st Ten Days	DAY	DATE (Year)	1 LODGING	MEALS	FEES & TIPS	2 LAUNDRY	2 CLEANING & PRESSING CLOTHES	TOTAL	TOTAL MAXIMUM ALLOWABLE FOR FIRST TEN DAY PERIOD		(SMALLER BETWEEN ACTUAL AND ALLOWABLE)
	1st								Employee _____ days @ ____ = _____  _____ Dependent(s) _____ days @ ____ = _____		
	2nd										
	3rd										
	4th										
	5th										
	6th										
	7th										
	8th										
	9th										
	10th										
TOTAL FIRST TEN DAY COSTS    ➔									TOTAL _____		1st Ten Day Period
2nd Ten Days	11th								TOTAL MAXIMUM ALLOWABLE FOR SECOND TEN DAY PERIOD		2nd Ten Day Period
	12th								Employee _____ days @ ____ = _____  _____ Dependent(s) _____ days @ ____ = _____		
	13th										
	14th										
	15th										
	16th										
	17th										
	18th										
	19th										
	20th										
	TOTAL SECOND TEN DAY COSTS    ➔										
3rd Ten Days	21st								TOTAL MAXIMUM ALLOWABLE FOR THIRD TEN DAY PERIOD		3rd Ten Day Period
	22nd								Employee _____ days @ ____ = _____  _____ Dependent(s) _____ days @ ____ = _____		
	23rd										
	24th										
	25th										
	26th										
	27th										
	28th										
	29th										
	30th										
	TOTAL THIRD TEN DAY COSTS    ➔										
<sup>1</sup> Actual lodging receipts must be attached <sup>2</sup> Receipts must be attached (Except when coin operated machines are used).									<b>TOTAL AMOUNT CLAIMED</b> (AMOUNT TO BE ENTERED ON VOUCHER)		▶